

I hereby authorize Genesis Employee Benefits to initiate deposit of my medical and/or dependent care expense reimbursements to the bank account indicated below and, if necessary, debit entries and adjustments for any credit entries made in error to my account.

Please attach a copy of a voided check if you are electing to have reimbursement sent to a checking account.

If you are electing to use your savings account please contact your bank for the Transit ABA Routing Number.

If you are re-enrolling during Open Enrollment and are already signed up for direct deposit, you do not have to complete this form. We will continue to deposit reimbursements to the bank account on record.

This account is (Please check one of the following options)

New _____ Change _____ Cancel _____ Name of Bank: _____

Transit ABA Routing Number _____

Account Number _____

Account Type
(Checking or Savings)

**Attach
Voided Check
OR
Savings Deposit Slip
HERE**

Bobby Brady
123 Main Street
Anywhere, USA 55439

3448
7-1-945

Date _____

Pay to the Order of _____ Dollars

For _____

|:091000019|:3564895891" 3448

(Routing Number) (Account Number)

Employer Name: _____ ☐ Address Change

Employee Name: _____ SSN: _____

Home Address: _____

Email Address: _____ Telephone: _____

Signature _____

Date _____

FAX, EMAIL OR MAIL this form to:

Local Claims eFax: 952-460-1480

Toll-Free Claims eFax: 866-450-1480

Email: Claims@GenesisBenefits.net

Genesis Employee Benefits, Inc

PO Box 1578

Minneapolis, MN 55440-1578

Local Phone: 952-653-4422

Toll-Free Phone: 866-678-8322

CustomerCare@GenesisBenefits.net

Check the status of your claim online at www.GenesisBenefits.net. Choose Participant Login in the upper right corner.